



**For Board Use Only:**

**BOARD OF PERSONNEL APPEALS**

UD CASE NO. \_\_\_\_\_

DATE FILED \_\_\_\_\_

**PETITION FOR NEW UNIT DETERMINATION AND ELECTION**

**INSTRUCTIONS:** This form needs to be filled out in its entirety. Please print or type. Submit an original and three (3) copies of this petition and the authorization cards to the BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA, MT, 59620-1503. If more space is required for any item, attach additional sheets, numbering items accordingly.  
\*\*\*ARM 24.26.403 also requires that a copy of the labor organization's bylaws be on file with the Board. If not previously filed, a current copy of bylaws must accompany the petition.\*\*\*

1. NAME OF PETITIONER: \_\_\_\_\_ AFFILIATION (Parent/National Organization, if any): \_\_\_\_\_

2. MAILING ADDRESS OF PETITIONER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

3. NAME OF PUBLIC EMPLOYER: \_\_\_\_\_

4. MAILING ADDRESS OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

5. Description of the unit to be determined specifying inclusions and exclusions. (Be complete and specific and use correct job titles whenever possible.)

Inclusions: \_\_\_\_\_

\_\_\_\_\_

Exclusions: \_\_\_\_\_

\_\_\_\_\_

5a. Approximate number of employees in the proposed unit: \_\_\_\_\_

5b. Is the petition accompanied by 30 percent proof-of-interest? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Name, Address and Affiliation of any labor organizations who claim to represent the employees in the proposed unit.  
(If None, write NONE)

\_\_\_\_\_  
\_\_\_\_\_

7. Expiration dates and brief description of any contracts covering any employees in the proposed unit.

\_\_\_\_\_  
\_\_\_\_\_

8. Briefly state any known disagreement between the employer and the petitioner as to the nature and scope of the proposed unit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Any other relevant facts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_